Cross-Cutting Analysis of Coverage Reforms Qualitative Analysis

Claudia Williams

AZA Consulting

Presented at the Final California Health Care Options Project Symposium

April 12, 2002

Analytic Framework

ACCESS TO CARE

- Enrollment
- Usual Source of Care
- Cost sharing
- Benefits
- Access to Providers
- Gaps in Coverage

VULNERABLE GROUPS

- Immigrants/Minorities
- Rural Populations
- People with Special Needs
- Uninsured (Safety Net)

WHAT ACCESS?

QUALITY AND APPROPRIATENESS OF CARE

- Prevention
- Health Care Quality
- Patient Education
- Innovation

WHAT QUALITY?

For this analysis, reforms were sorted into two groups – "single payer plans" and "other reform approaches".

Two more comprehensive plans are grouped with other reforms but may have an impact comparable to single payer plans.

Single Payer Plans	Other Reform Approaches
• Kahn • Shaffer • Spelman	• Brown and Kronick* • Brownstein • Harbage • Schauffler (Cal-Health) • Schauffler (CHOICE) * • Wulsin

* Comprehensive plans

Impact on Access, Utilization and Continuity of Care

	Single Payer Plans	Other Reform Approaches
Ease of Enrollment	Single payer proposals tend to have simple one-time enrollment processes. Still, there is a modest risk of barriers to coverage depending on paper-work requirements and mode of enrollment. Unifies and simplifies overall coverage approach.	Complexity of enrollment varies in other reforms. Continuation of multiple coverage options is confusing and dampens enrollment. This poses less of a problem for proposals with single alternative to private coverage. Multiple enrollment iterations required.
Usual Source of Care	Coverage is the main predictor of having a usual source of care so proposals that expand coverage more will have a larger impact. In addition, approaches that provide continuous coverage will perform better in helping people maintain a medical home. Single payer plans are generally more likely than other types of proposals to produce continuous coverage.	

Impact on Access, Utilization and Continuity of Care

	Single Payer Plans	Other Reform Approaches
Benefits	Single payer plans offer broad range of benefits although with variability in offer of dental and vision care. Significant shift from status quo is the uniformity of benefits.	New coverage provided by other reforms offers broad benefits. Benefits in existing private and public coverage vary. Those at top and bottom of income scale have richer benefits than those in middle.
Point of Service Cost-Sharing	While any type of reform can include cost-sharing, most of proposed single payer approaches do not. These proposals eliminate risk of reduced utilization from cost-sharing.	Some proposals include point of service cost-sharing for new coverage. All retain varying degrees of cost-sharing in existing private coverage. Cost-sharing may lower use of services with greater impact on poor and sick.

Impact on Access, Utilization and Continuity of Care

	Single Payer Plans	Other Reform Approaches
Access to Providers	Single payer plans generally offer free choice of providers and large networks. Some, but not all, improve reimbursement rates.	Other reforms mostly rely on existing Medi-Cal or Healthy Families plans, which have reasonably broad networks but include limitations on access to specialists. Some, but not all, improve reimbursement rates.
Gaps in Coverage	With a unified approach to coverage, single-payer plans generally eliminate gaps in coverage resulting in better continuity of coverage and improved access to and continuity of care. All have one-time waiting period with access to care in interim.	Because of multiple, intersecting paths to coverage gaps remain for most other proposals. These are partly addressed in some plans by 12 months continuous coverage, high-income cut-offs and short waiting periods.

Impact on Quality and Appropriateness of Care

	Single Payer Plans	Other Reform Approaches
Preventive Care	All single payer plans cover preventive services with no cost sharing. Some plans shift resources to preventive care by changing provider mix and providing incentives for delivery of preventive services.	All cover preventive care services and most exempt from cost-sharing. These proposals do not generally include strategies to shift resources to preventive care.
Health Care Quality	Critical advantage of single payer plans is the opportunity to standardize data collection and quality measurement. These plans also have leverage for value-purchasing and to develop organizational incentives to improve quality. Proposals pursue these opportunities to varying degrees.	These proposals tend to continue current quality measurement efforts, but do not make major advancements in data collection and information technology or value-based purchasing. There is a lack of an accountable entity in some proposals.

Impact on Quality and Appropriateness of Care

	Single Payer Plans	Other Reform Approaches
Patient Education	Single payer plans may provide increased autonomy for physicians and their patients. These proposals also introduce more community involvement and health planning, but do not necessarily increase public health approaches or reimbursement for behavior change.	These proposals make few changes to existing patient education and behavior change approaches. Some proposals do not rely on managed care – resulting in more physician autonomy.
Medical Innovation	With use of capital budgets and approval process, along with limits on spending growth, single payer plans may reduce demand for and supply of some technologically advanced interventions.	These proposals do not generally alter technology reimbursement and competition and therefore will not change current patterns of technology development and diffusion.

Impact on the Safety Net

	Single Payer Plans	Other Reform Approaches
Funding for Safety Net	Mostly, single payer plans eliminate targeted charity care funding creating potential access issues for residual uninsured group. Future of safety net providers unclear, but with small residual uninsured group there is less need for dedicated providers.	Most scale back charity care funding, although some leave funding unchanged. Greatest risk posed by proposals that greatly reduce funding but retain large residual uninsured group.
Contracting Position Of Safety Net Providers	Generally, single payer plans offer no preferential treatment for safety net providers. At least one proposal relies on the Medi-Cal provider infrastructure, which favors safety net providers.	Other reforms vary greatly from plans that rely only on safety net providers to those that would expand in private sector with no prominent role for safety net providers. Some rely on Medi-Cal and Healthy Families, which favor safety net providers.

Impact on Vulnerable Groups

	Single Payer Plans	Other Reform Approaches
Immigrants and Ethnic Minorities	No clear difference by proposal type. Most proposals provide some coverage for undocumented immigrants. Most do not provide special reimbursement for translation/interpretation or other needed services. In certain cases, providers are required by law to provide these services. There is no blueprint to establish culturally competent and linguistically appropriate care at health care system level.	
People with Special Health Care Needs	Single payer plans generally include ready access to specialists, covered services without cost sharing and few managed care requirements. It is unclear how care will be coordinated and managed without managed care or some other entity to organize health care delivery.	Proposals that build on employer-based coverage raise concerns regarding cost-sharing without caps, variable benefits, and uncertain access to specialists. It is unclear how care will be coordinated and managed without managed care.

Impact on Vulnerable Groups

	Single Payer Plans	Other Reform Approaches
Rural Populations	Single payer plans offer the potential to address underlying workforce supply issues through direct intervention in placement of providers. The lack of managed care and referral requirements facilitate rural access. Non-emergency transportation not necessarily funded. Low reimbursement still an issue in certain cases.	Other reforms have little impact on rural access issues except possibly through less reliance on managed care in some proposals. Non-emergency transport not funded. Low reimbursement still an issue for some proposals.